



J. F. Horner
Vice President - Refining & Engineering

EPA Region 5 Records Ctr.



360681

Amoco Oil Company

200 East Randolph Drive
Post Office Box 6110-A
Chicago, Illinois 60680
Refining & Engineering Department
312-856-5450

November 18, 1980

Certified Mail, Return Receipt
Certification No. P26 2048550

Regional Administrator
EPA Region V
RCRA Activities
Post Office Box 7861
Chicago, Illinois 60680

Dear Sir:

Attached, please find the three Part A applications for the permits for hazardous waste management facilities associated with operation of the Amoco Oil Company refinery at Wood River, Illinois. Submission of the attached applications was delayed until today in order to afford the opportunity to obtain the maximum EPA clarification of specific requirements of the applicable regulations.

The regulations issued pursuant to RCRA, namely 40 CFR Parts 122 through 124 and Parts 260 through 265, are complex and subject to different interpretations. These interpretations may change as the U.S. EPA attempts to clarify specific requirements by issuing Regulatory Interpretive Memoranda or through amendment by rule. We were hopeful that these clarifications would be issued by EPA early enough prior to November 19 to allow for incorporation in our application, if necessary. However, this did not occur. The attached interim status permit application, Part A, constitutes a good faith effort by the Standard Oil Company (Indiana) and its Amoco Oil Company subsidiary to comply with these regulations and requirements as we understand them.

However, we reserve the right to supplement, amend, or otherwise modify, the attached interim status application should our original interpretation be found inconsistent with U.S. EPA's interpretation, or subsequent clarifications and amendments by the Agency lead to different interpretations than incorporated in our application.

Yours truly,

JFH/11h

Attachment

U.S. ENVIRONMENTAL PROTECTION AGENCY		EPA I.D. NUMBER	
GENERAL INFORMATION		F I L D 0 0 6 2 7 2 6 2 9	
Consolidated Permits Program (Read the "General Instructions" before starting.)			
GENERAL		GENERAL INSTRUCTIONS	
I. FACILITY INFORMATION		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, or through it and enter the correct data in the appropriate fill-in area below. Also, if any the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
II. POLLUTANT CHARACTERISTICS			

PLEASE PLACE LABEL IN THIS SPACE

*Madison Co
Cairo
199153007*

SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS		MARK 'X'	
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
1	SKIP AMOCO OIL MAIN OFFICE AND WATER TREAT

IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	SUMNER R A	6 1 8	2 5 1 2 2 2 8

V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	P O BOX 182	WOOD RIVER			6 2 0 9 5

VI. FACILITY LOCATION								
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	SOUTH MAIN STREET	MADISON		WOOD RIVER	IL	6 2 0 9 5		

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CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	2	8	6	9	(specify)	Lube Additive Manufacturing	7	5	1	7	1	(specify)	Petroleum Terminating						
C. THIRD										D. FOURTH									
7					(specify)		7					(specify)							

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?		
8	A	M	O	C	O	P	E	T	R	O	L	E	U	M	A	D	D	I	T	I	V	E	S	C	O	M	P	A	N	Y	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)												
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)																				3 1 4 8 5 4 8 0 0 0												
E. STREET OR P.O. BOX																																
2 3 1 S O U T H B E M I S T O N A V E N U E																																
F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND							
C L A Y T O N															M O					6 3 1 0 5					Is the facility located on Indian lands?							
																									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9	N	I	L	0	0	0	0	3	5	9	P	N	A						
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9	U	N	A							9		N	A						
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9	R	N	A							9		N	A						

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Formerly petroleum refining. These operations were permanently shut down on or about June 1, 1981. Operations now consist of the manufacture of additives for lubricating oils, fuel oils, and gasolines by Amoco Petroleum Additives Company. Terminating of gasolines and distillates is conducted by Amoco Oil's Marketing Department.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE										C. DATE SIGNED									
J. F. Horner, Vice President Refining and Engineering																									7/5/81									

COMMENTS FOR OFFICIAL USE ONLY

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VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	2	8	6	9	(specify) Lube Additive Manufacturing	7	5	1	7	1	(specify) Petroleum Terminating								
C. THIRD										D. FOURTH									
7					(specify)	7					(specify)								

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?																													
8	A	M	O	C	O	P	E	T	R	O	L	E	U	M	A	D	D	I	T	I	V	E	S	C	O	M	P	A	N	Y	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										3 1 4 8 5 4 8 0 0 0																			
E. STREET OR P.O. BOX										2 3 1 SOUTH BEMISTON AVENUE																													
F. CITY OR TOWN										G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B C L A Y T O N										M O										6 3 1 0 5										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)												
9	N	I	L	0	0	0	0	0	3	5	9	P	N	A								
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)												
9	U	N	A	9							9											(specify)
C. RCRA (Hazardous Wastes)										E. OTHER (specify)												
9	R	N	A	9							9											(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

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A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
J. F. Horner, Vice President Refining and Engineering																				7/5/81									

COMMENTS FOR OFFICIAL USE ONLY

C									
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FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F I L D 9 8 0 5 0 3 1 0 6	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
II. EPA I.D. NUMBER				If a preprinted label has been provided, fill it in the designated space. Review the information carefully. If any of it is incorrect, go through it and enter the correct data in the appropriate fill-in area below. Also, if any the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	AMOCO OIL COMPANY RIVERFRONT PROPERTY	
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	SUMNER RA	6 1 8	2 5 1 2 2 2 8

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	P O BOX 182	WOOD RIVER	IL	6 2 0 9 5	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	HIGHWAY 3	MADISON	WOOD RIVER	IL	6 2 0 9 5		

RECEIVED

SEP 12 1984

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VII. SIC CODES (4 digit, in order of priority)

A. FIRST		B. SECOND	
2 8 6 9 (specify) Lube Additive Manufacturing	5 1 7 1 (specify) Petroleum Terminating		
C. THIRD		D. FOURTH	
(specify)		(specify)	

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VII-A also the owner?	
AMOCO PETROLEUM ADDITIVES COMPANY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE M - PUBLIC (other than federal or state) O - OTHER (specify)		3 1 4 8 5 4 8 0 0 0	
E. STREET OR P.O. BOX			
2 3 1 SOUTH BEMISTON AVENUE			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
B C L A Y T O N		M O	6 3 1 0 5
		IX. INDIAN LAND	
		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9 N I L 0 0 0 0 3 5		9 P N A	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U N A		9 N A (specify)	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9 R N A		9 (specify)	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

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XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
J. F. Horner, Vice President Refining and Engineering	<i>J. F. Horner</i>	9/5/84

COMMENTS FOR OFFICIAL USE ONLY

C	
15 16	

2 8 6 9 (specify) Lube Additive Manufacturing		5 1 7 1 (specify) Petroleum Terminating	
(specify)		(specify)	

A. NAME AMOCO PETROLEUM ADDITIVES COMPANY		B. Is the name of the owner?
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other" specify.)		D. PHONE (area code & no.)	
FEDERAL STATE PRIVATE		3 1 4 8 5 4 8 0 0 0	

E. STREET OR P.O. BOX 231 SOUTH BEMISTON AVENUE	
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F. CITY OR TOWN CLAYTON		G. STATE MO	H. ZIP CODE 63105	I. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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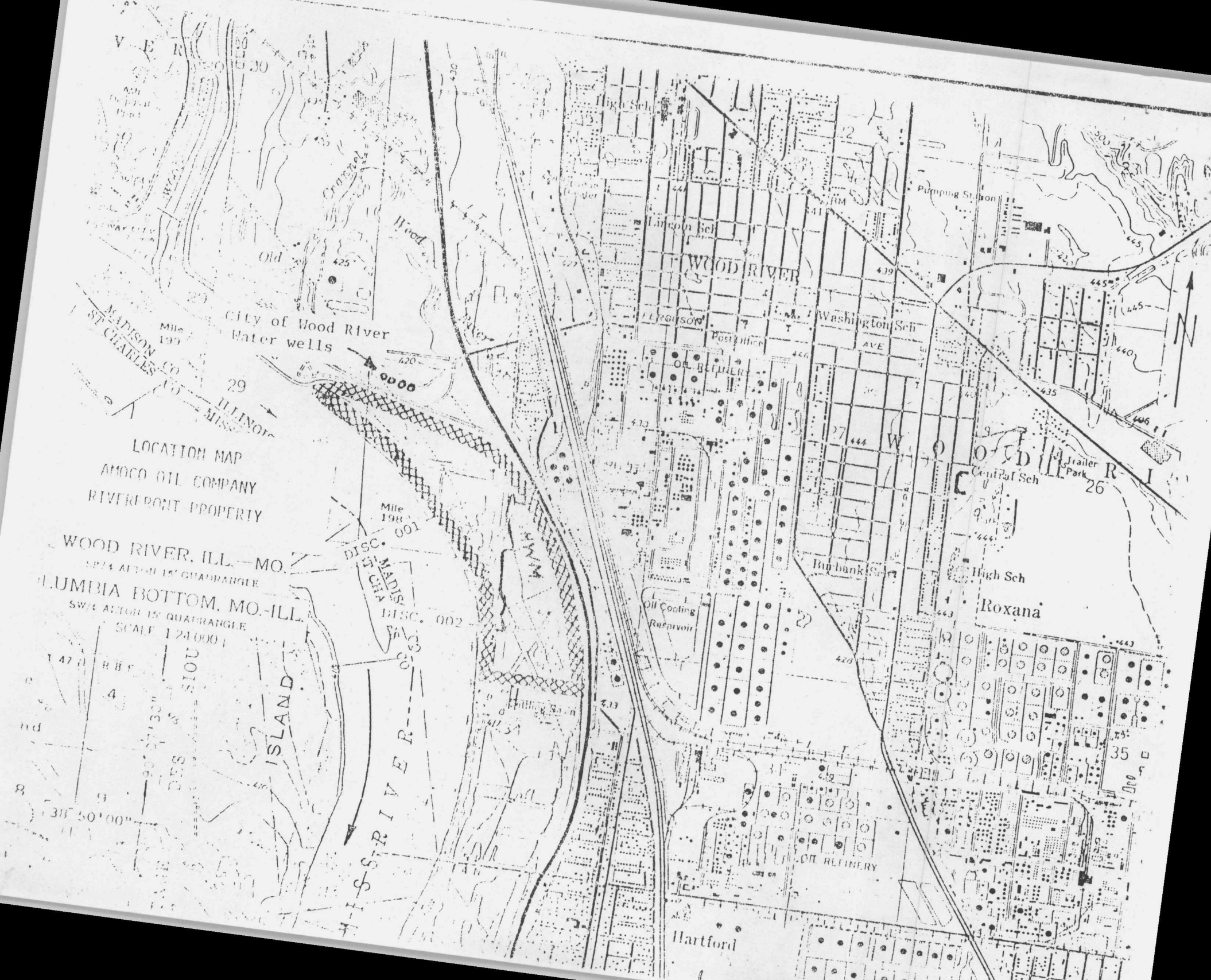
X. EXISTING ENVIRONMENTAL PERMITS	
A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N I L 0 0 0 0 3 5	9 P N A
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U N A	9 N A
C. RCRA (Hazardous Wastes)	F. OTHER (specify)
9 R N A	9 N A

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A. NAME & OFFICIAL TITLE (type or print) J. F. Horner, Vice President Refining and Engineering	B. SIGNATURE <i>J. F. Horner</i>
C. DATE SIGNED 8/30/84 9/5/84	

COMMENTS FOR OFFICIAL USE ONLY



LOCATION MAP
AMOCO OIL COMPANY
RIVERBENT PROPERTY

WOOD RIVER, ILL.—MO.
SP74 ALTON 15' QUADRANGLE
COLUMBIA BOTTOM, MO-ILL.
SW14 ALTON 15' QUADRANGLE
SCALE 1:24,000



III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 480,000 U: Chemical stabilization of stored K048 (DAF float)
to render it nonhazardous by test.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D S 0	RECEIVED
X-2	D 0 0 2	400	P	T 0 3 D S 0	SEP 12 1984
X-3	D 0 0 1	100	P	T 0 3 D S 0	IEPA-DLPC
X-4	D 0 0 2				included with above

FORM
3
RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

FILED 980503106

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

C. 8 YR. MO. DAY FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITY PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided. Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
			2. UNIT OF MEAS- URE (enter code)				2. UNIT OF MEAS- URE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 4	53,600,000	G	7			
2	T 0 4	480,000	U	8			
3	S 0 4	50,000,000	G	9			
4				10			

FORM
3
RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER

FILED 980503106

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
8	73	74	75	76

YR.	MO.	DAY	FOR NEW FACILITY, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEG
73	74	75	76

B. REVISED APPLICATION (place an "X" below and complete item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, the describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided: Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-Feet	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)			1. AMOUNT	2. UNIT OF MEA- SURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 4	53,600,000	G	7			
2	T 0 4	480,000	U	8			
3	S 0 4	50,000,000	G	9			
4				10			

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																
W I L D 9 8 0 5 0 3 1 0 6													W DUP																
1 2 13 14 15													1 2 13 14 15 23 24																
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																													
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																	
				23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
1	K 0 4 8	40,000	T	S	0	4																							
2	K 0 4 8	200,000	T	T	0	4	S	0	4																				
3																													
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RECEIVED

SEP 12 1984

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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

FIELD 980503106

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

38 50 05 1

LONGITUDE (degrees, minutes, & seconds)

09 00 06 00 9

VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area and local)

E AMOCO OIL COMPANY

312-856-5111

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F 200 EAST RANDOLPH DRIVE

G CHICAGO

IL

60601

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

J. F. Horner, Vice President
Refining and Engineering

B. SIGNATURE

J. F. Horner

C. DATE SIGNED

9/5/84

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

H. A. McCandless, Vice President
Manufacturing

B. SIGNATURE

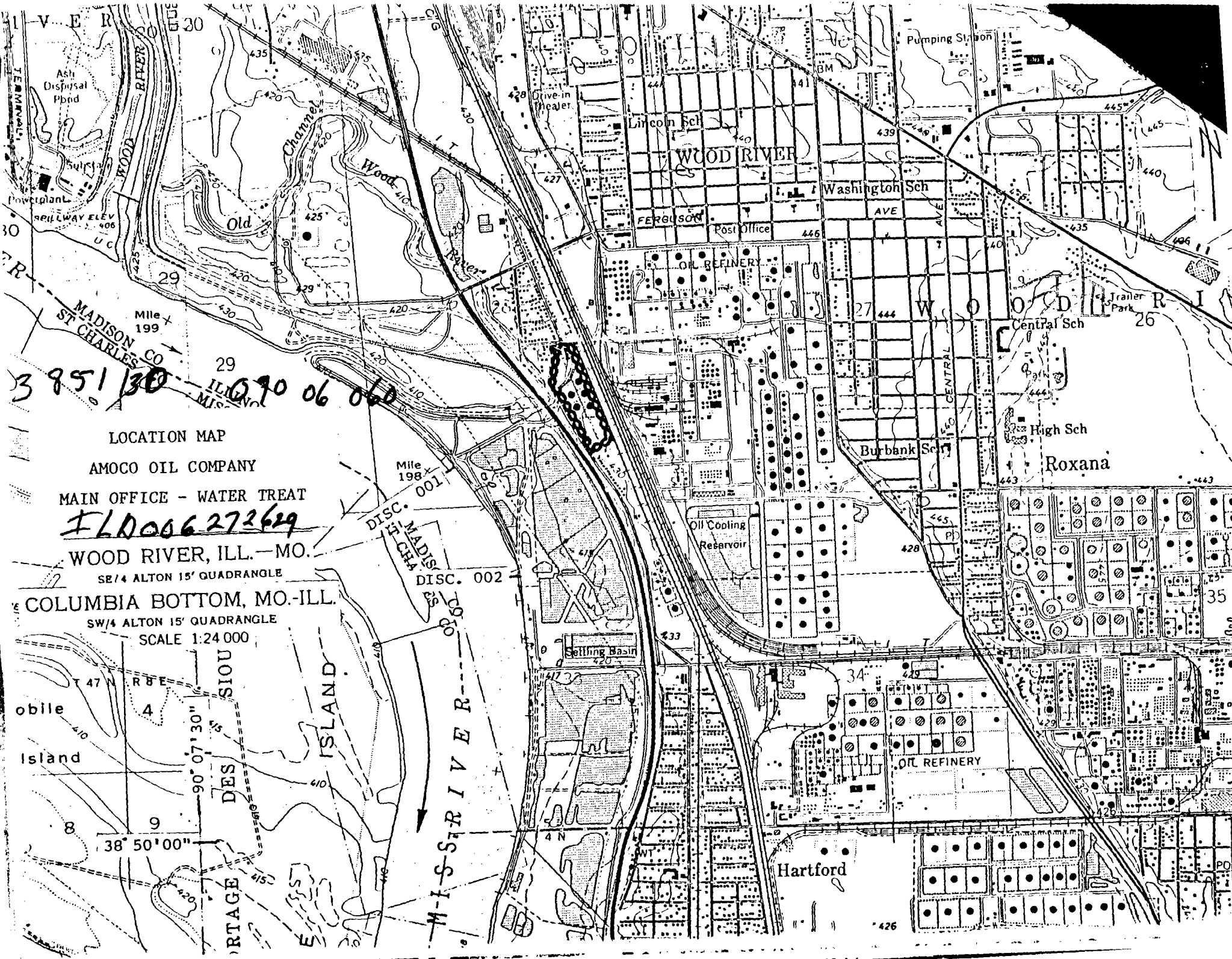
H. A. McCandless

C. DATE SIGNED

7/2/84

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W I L D 9 8 0 5 0 3 1 0 6													W DUP												
1 2 3 4 5 6 7 8 9 10 11 12													1 2 3 4 5 6 7 8 9 10 11 12												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
D. PROCESSES																									
EPA HAZ. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE										C. UNIT OF MEASURE (enter code)		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
23 - 26		27 - 32										33 - 36		27 - 29 27 - 29 27 - 29											
1 K 0 4 8		40,000										T		S 0 4											
2 K 0 4 8		200,000										T		T 0 4 S 0 4											
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3 851 30

Q 90 06 060

LOCATION MAP

AMOCO OIL COMPANY

MAIN OFFICE - WATER TREAT

FLD 006 272629

WOOD RIVER, ILL. - MO.

SE/4 ALTON 15' QUADRANGLE

COLUMBIA BOTTOM, MO.-ILL.

SW/4 ALTON 15' QUADRANGLE

SCALE 1:24 000

Mile 198
DISC. 001
DISC. 002
ST. CHARLES
ST. CHARLES

MISSISSIPPI RIVER

ISLAND
DES MOINES
STAGE

Hartford

Roxana

Burbank Sch

Central Sch

Washington Sch

Lincoln Sch

Post Office

FERGUSON

Pumping Station

Drive-in Theater

Selling Basin

OIL REFINERY

Oil Cooling Reservoir

Ash Disposal Pond

Powerplant

RAILWAY ELEV 406

Mile 199

Mile 198

29

30

29

MADISON CO

ST CHARLES

ILLINOIS

MISSOURI

STATE

LINE

BOUNDARY

SECTION

4

90° 07' 30"

38° 50' 00"

8

9

4

4

4

4

4

4

4

4

4

4